

# CONFINED SPACE ENTRY PERMIT

## LAWRENCE LIVERMORE NATIONAL LABORATORY

REASON FOR ENTRY:

LOCATION:

DATE/TIME:

PERMIT VALID ONE SHIFT UNLESS OTHERWISE SPECIFIED:

☐ DAY ☐ SWING ☐ OWL

NAME OF ENTRANT(S):

NAME OF ATTENDANT(S):

### HAVE THE FOLLOWING PRECAUTIONS BEEN TAKEN?

	YES	NO	NA		YES	NO	NA
1. HAS ENTRANT AND ATTENDANT BEEN TRAINED AND QUALIFIED?	<input type="checkbox"/>	<input type="checkbox"/>		6. ARE ALL TOOLS EXPLOSION PROOF OR NOT ACTUATED BY EXPLOSIVE CHARGES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. WERE HAZARDS, TESTING, AND EMERGENCY PROCEDURES EXPLAINED?	<input type="checkbox"/>	<input type="checkbox"/>		7. WILL ANY TOXIC MATERIALS BE USED? (E.G., PAINT, EPOXY, GLUES, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>	
3. WERE THE FOLLOWING SYSTEMS ISOLATED, LOCKED, TAGGED, AND TESTED?				8. IS PURGING OR VENTILATION REQUIRED?	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL CIRCUITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. IS QUALIFIED RESCUE PERSONNEL AND EQUIPMENT AVAILABLE ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MECHANICAL EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. HAS HEALTH AND SAFETY TECHNICIAN BEEN NOTIFIED?	<input type="checkbox"/>	<input type="checkbox"/>	
VALVES AND PIPE LINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. IS PROTECTIVE EQUIPMENT REQUIRED?	<input type="checkbox"/>	<input type="checkbox"/>	
GAS LINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE SPECIFY: <input type="checkbox"/> HARDHAT <input type="checkbox"/> GLASSES/GOGGLES			
4. HAVE BARRICADES BEEN PLACED AROUND WORKING AREA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CLOTHING <input type="checkbox"/> RESPIRATORY PROTECTION			
5. WILL ANY HOT WORK BE REQUIRED? (IF YES, HOT WORK PERMIT MUST BE ISSUED)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> SAFETY HARNESS/LIFE LINE <input type="checkbox"/> FIRE EXTINGUISHER			

### SAMPLING EQUIPMENT USED

MODEL NUMBER

HAZARDS CONTROL NUMBER

CALIBRATION DATE

### TESTS CONDUCTED

	RANGE	RESULTS	BY WHOM	RESULTS	BY WHOM
OXYGEN LEVEL	(19.5 %-23.5 %)				
COMBUSTIBILITY	(10 % OR LESS)				
CARBON MONOXIDE	(35 PPM OR LESS)				
HYDROGEN SULFIDE	(10 PPM OR LESS)				
(Indicate Material of Concern)					
(Indicate Material of Concern)					

POTENTIAL HAZARDS ASSOCIATED WITH CONFINED SPACE:

ADDITIONAL COMMENTS:

APPROVALS:

ENTRY SUPERVISOR

HAZARDS CONTROL REPRESENTATIVE

TO BE KEPT POSTED ON JOB SITE UNTIL WORK IS COMPLETED OR PERMIT EXPIRES OR IS REVOKED

DISTRIBUTION: WHITE-JOB SITE COPY CANARY-INDUSTRIAL HYGIENIST'S COPY PINK-SAFETY TEAM'S COPY